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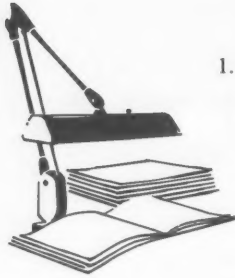
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MONTHLY REVIEW QUESTIONS



A

- The following points should be included in preoperative counseling for vasectomy except:
 - contraceptives should be used after vasectomy until semen analysis*
 - vasectomy can be easily reversed with microsurgical vasovasostomy*
 - vasectomy does not alter sexual function*
 - the patient should avoid strenuous physical activity for one to two days after vasectomy*
 - all of the above*
- Semen analysis is performed how many weeks after vasectomy:
 - 3
 - 8 and 12
 - 10
 - 12
 - 12 and 16
- The vas deferens is toward which side of the spermatic cord:
 - anterior
 - anterolateral
 - posterior
 - medial
 - central
- Spontaneous recanalization of the vas deferens is:
 - uncommon
 - often associated with sperm granulomas
 - suspected if small numbers of viable sperm are seen at postop semen analysis
 - all of the above
 - none of the above

B

- The characteristic physiologic change associated with chronic urinary tract obstruction is:
 - increased intra pelvic pressure
 - decreased renal vascular resistance
 - decreased renal blood flow
 - decreased renin excretion
 - decreased intra pelvic pressure
- A finding not necessarily associated with the phenomenon of postobstructive diuresis is:
 - hypertension

- congestive heart failure
 - azotemia
 - peripheral edema
 - large post void residual
- The most precise method of defining obstructive uropathy radiographically is the:
 - IVP
 - renal scan
 - CTT
 - sonogram
 - retrograde pyelogram
 - Sepsis associated with urinary tract obstruction:
 - should be treated with intravenous antibiotics
 - requires retrograde pyelography to determine the level of obstruction
 - is a surgical emergency requiring relief of the obstruction by whatever method is necessary
 - rarely is a problem
 - is usually seen associated with gram positive organisms

C

- Five-year survival after kidney transplantation from a living donor is:
 - 10%
 - 25%
 - 40%
 - 70%
- A pregnant renal transplant recipient is more prone to have:
 - anorexia nervosa
 - preeclampsia
 - varicose veins
 - hydramnios
 - delayed onset of labor
- Hypertension occurring after transplantation may result from which of the following:
 - hypersecretion of aldosterone
 - chronic rejection
 - overproduction of angiotensin
 - stenosis of the renal artery
 - high-dosage steroid therapy
- The following are cancers that most commonly occur after transplantation:
 - carcinoma of the stomach
 - lymphomas
 - carcinoma of the colon
 - cancers of the skin and lips
 - cancer of the bronchus

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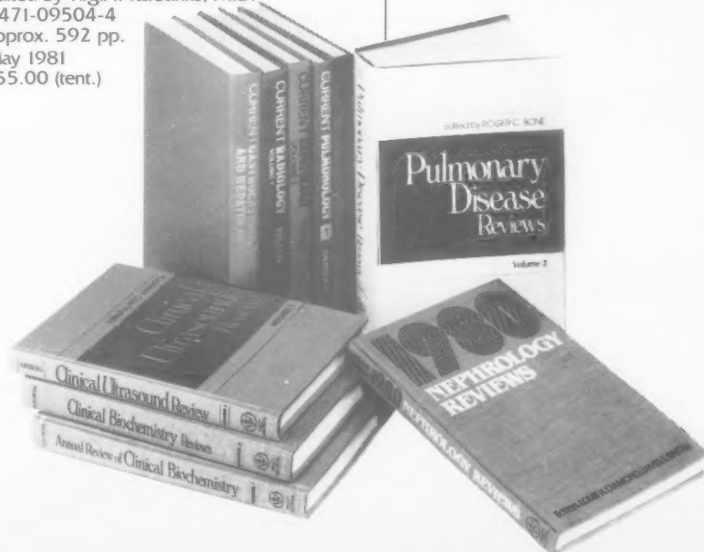
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July 3:** *7th Annual Family Medicine Review Course*
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ACTIFED-C® EXPECTORANT

INDICATIONS: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Lacking substantial evidence of effectiveness as a fixed combination." For the symptomatic relief of cough in conditions such as: the common cold, acute bronchitis, allergic asthma, bronchiolitis, croup, emphysema, tracheobronchitis. Final classification of the less-than-effective indications requires further investigation.

CONTRAINDICATIONS:

Use in Newborn or Premature Infants: This drug should not be used in newborn or premature infants.

Use in Nursing Mothers: Because of the higher risk of antihistamines, codeine and sympathomimetic amines for infants generally and for newborn and premature in particular, Actifed-C Expectorant therapy is contraindicated in nursing mothers.

Use in Lower Respiratory Disease: Antihistamines should NOT be used to treat lower respiratory tract symptoms including asthma.

Actifed-C Expectorant is also contraindicated in the following conditions:

Hypersensitivity to: 1) Triprolidine Hydrochloride and other antihistamines of similar chemical structure; 2) sympathomimetic amines including pseudoephedrine; and/or 3) any of the other ingredients.

Monoamine oxidase inhibitor therapy (see Drug Interaction Section).

WARNINGS: Actifed-C Expectorant should be used with considerable caution in patients with:

Increased intraocular pressure (Narrow angle glaucoma)	Hypertension
Stenosing peptic ulcer	Diabetes mellitus
Pyloroduodenal obstruction	Ischemic heart disease
Symptomatic prostatic hypertrophy	Hyperthyroidism
Bladder neck obstruction	

Sympathomimetics may produce central nervous stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Codeine can produce drug dependence of the morphine type, and therefore has the potential of being abused.

Use in Children: As in adults, the combination of an antihistamine and sympathomimetic amine can elicit either mild stimulation or mild sedation in children.

While it is difficult to predict the result of an overdose of a combination of triprolidine, pseudoephedrine, and codeine the following is known about the individual components:

In infants and children especially, antihistamine in overdose may cause hallucination, convulsion or death. Large doses of pseudoephedrine are known to cause weakness, lightheadedness, nausea and/or vomiting. An overdose of codeine may cause CNS depression with muscular twitching and convulsion, weakness, disturbed vision, dyspnea, respiratory depression, collapse and coma.

Use in Pregnancy: Experience with this drug in pregnant women is inadequate to determine whether there exists a potential for harm to the developing fetus.

Use with CNS Depressants: Triprolidine and codeine phosphate have additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers, etc.).

Use in Activities Requiring Mental Alertness: Patients should be warned about engaging in activities requiring mental alertness as driving a car or operating appliances, machinery, etc.

Use in the Elderly (approximately 60 years or older): Antihistamines are more likely to cause dizziness, sedation and hypotension in elderly patients. Overdosages of sympathomimetics in this age group may cause hallucinations, convulsions, CNS depression, and death.

PRECAUTIONS: Actifed-C Expectorant should be used with caution in patients with: history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease, hypertension.

DRUG INTERACTIONS: MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines and overall effects of sympathomimetics. Sympathomimetics may reduce the antihypertensive effects of methyldopa, decamylamine, reserpine, and veratrum alkaloids.

The CNS depressant effect of triprolidine hydrochloride and codeine phosphate may be additive with that of other CNS depressants.

ADVERSE REACTIONS:

- General:** Urticaria, drug rash, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose and throat.
- Cardiovascular System:** Hypotension, headache, palpitations, tachycardia, extrasystoles.
- Haematologic System:** Hemolytic anemia, thrombocytopenia, agranulocytosis.
- Nervous System:** Sedation, sleepiness, dizziness, disturbed coordination, fatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesias, blurred vision, diplopia, vertigo, tinnitus, acute labyrinthitis, hysteria, neuritis, convulsions, CNS depression, hallucination.
- G.I. System:** Epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation.
- G.U. System:** Urinary frequency, difficult urination, urinary retention, early menses.
- Respiratory System:** Thickening of bronchial secretions, tightness of chest and wheezing, nasal stuffiness.

NOTE: Guafenesin has been shown to produce a color interference with certain clinical laboratory determinations of 5-hydroxyindoleacetic acid (5-HIAA) and vanillylmandelic acid (VMA).

HOW SUPPLIED: Bottles of 1 pint, 1 gallon and 4 oz. Unit of Use Bottle with Child Resistant Cap.



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